


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90010 018 ****50.00

DOCUMENT # L02000020186	
1. Entity Name MIAMI EDITIONS, L.L.C.	

Principal Place of Business 1200 N.W. 78TH AVENUE, SUITE 103 MIAMI FL 33126	Mailing Address 1200 N.W. 78TH AVENUE, SUITE 103 MIAMI FL 33126
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2. Principal Place of Business 4990 SW 72ND AVE	3. Mailing Address 4990 SW 72ND AVE
Suite, Apt. #, etc. SUITE 106	Suite, Apt. #, etc. SUITE 106
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33155	Country U.S.A

1st MOORE CR2E083 (10/04)

4. FEI Number 22-3864889	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'NAGHTEN, JUAN 2665 SOUTH BAYSHORE BLVD., SUITE 200 GRAND BAY PLAZA MIAMI FL 33133	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CATASUS, ROBERT E 1200 N.W. 78TH AVENUE, SUITE 103 MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of the same empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7.18.05 (305) 284-0000

Date

Daytime Phone #